

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 7

2. STATE:

South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)

7. FEDERAL BUDGET IMPACT:

a. FFY 00-01 \$ 16  
b. FFY 01-02 \$ 32

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT 8b to ATTACHMENT 2.6-A  
Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

SUPPLEMENT 8b to ATTACHMENT 2.6-A  
Page 2

10. SUBJECT OF AMENDMENT:

Disregard retirement funds for disabled working individuals

GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

William A. Prince

14. TITLE:

Director

15. DATE SUBMITTED:

June 4, 2001

16. RETURN TO:

SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 13, 2001

18. DATE APPROVED:

August 9, 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

Revision: HCFA-PM-91-4  
August 1991

(BPD)

SUPPLEMENT 8b to ATTACHMENT 2.6-A  
Page 2  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

METHODOLOGIES FOR TREATMENT OF RESOURCES  
THAT DIFFERS FROM THOSE OF THE SSI PROGRAM

C. For all Medicaid covered groups:

In developing the burial fund exclusion, the amount which can be designated for burial is no longer offset by the face value of life insurance policies where the individual's total face value of all policies is less than \$1500.

- D. For Individuals applying for or receiving assistance under the category of eligibility for the working disabled, resources held in a formalized retirement plan are excluded in the eligibility determination for so long as the individual remains engaged in substantial gainful activity. For purposes of this provision, a formalized retirement plan shall include, but not be limited to, the following: IRAs of any type; 401(K) plans; 403(b) plans; 457 plans; Keogh plans; Simplified Employee Pension (SEP) plans; Savings Incentive Match Plan for Employees (SIMPLE); and any other employment-administered retirement or deferred compensation plan, regardless of whether such plan is a defined benefit plan or a defined contribution plan, and regardless of whether such plan is deemed a "qualified" plan for tax purposes by the Internal Revenue Service.

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TN No. MA 01-007  
Supersedes  
TN No. MA 92-023

Approval Date: AUG 09 2001 Effective Date 4/01/01